

**HUMAN RESOURCES DEPARTMENT  
EMERGENCY CONTACT FORM**

---

---

Please provide the Human Resources Department with the name of at least one person to be contacted in the event of a medical emergency. This information will be maintained confidentially for emergency use only.

---

---

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
Department: \_\_\_\_\_ Work Location: \_\_\_\_\_

**Emergency Contacts:**

- 1) Name of Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_
- 2) Name of Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Please notify your Supervisor if you have a medical condition of which you wish others to be aware in case of emergency.

**Please contact the Human Resources Department at 448-3147 to obtain  
a copy of this form to update the information as needed.**